



Child & Adolescent
HEALTH CENTER PROGRAM

Guidance for Quality Measure Reporting Elements

Content Relevant to: E3 Expanding, Enhancing Emotional Health

As part of your E3 grant from the Michigan Department of Health & Human Services (MDHHS), you are required to report of various elements of program progress on either a quarterly or annual basis. One subset of the quarterly reporting elements is a standardized set of quality measures. This guidance examines three of the required quality measures where questions frequently arise.

In the **E3 model ONLY** (this does not apply to other program models), your clients, also referred to as users, should have **EITHER** an up-to-date behavioral health screen **OR** have an up-to-date risk assessment/anticipatory guidance. It is **NOT** necessary for your clients to have **BOTH**. Additionally, clients age 10 and older should have evidence of an up-to-date depression screen.

Let's take a closer look at each of these requirements, what tools may be used to satisfy the requirements, what the differences are among the requirements and tools, and where they may intersect.

Quality Measure Reporting Element:

Number of Unduplicated Clients Ages 5-21 Years with at least one Up-to-Date Behavioral Health Screen

Report the number of clients that receive a Behavioral Health Screen as appropriate for age and developmental level. Examples of appropriate screening tools (to use) include but are not limited to Pediatric Symptoms Checklist (17 or 34), Strength and Difficulties Questionnaire.

In short, this means that you should report the number of users ages 5-21 years old who have at least one Behavioral Health Screen completed annually. The behavioral health screen is considered up-to-date on an annual bases, at the time of administering the tool. Note: this does not mean you will not or cannot re-screen when you feel it is appropriate for the student.

Behavioral Health Screen: Checklists and questionnaires (usually called a “screener”) are universal screening tools used to evaluate psychosocial functioning in children and adolescents. These screeners can look at emotional symptoms, peer relationships, conduct problems, attention issues and pro-social behaviors; and can indicate the need for further evaluation (ultimately: your biopsychosocial assessment/intake).

Examples include but are not limited to:

- Strength and Difficulties Questionnaire - ages 4-17 years
- Pediatric Symptoms Checklist (17 & 34) - ages 4-17 years

- Child Behavioral Checklist – ages 6-18 years

Your clients might be administered a behavioral health screen as defined above **OR** a risk assessment could be administered instead.

Quality Measure Reporting Element:

Number of Unduplicated Clients with an Up-to-Date Risk Assessment / Anticipatory Guidance

Report the number of clients that are complete with an annual risk assessment or anticipatory guidance, as appropriate for age and developmental level. This may include clients that are UTD because they completed the risk assessment in a previous fiscal year *but* are being seen in the E3 site in the current fiscal year.

In short, this means that you should report the number of users who have an up-to-date risk assessment, generally meaning those who completed a risk assessment in the previous 12 months. (We will focus on risk assessment in this guidance as anticipatory guidance which would be much less common in an E3 program.)

Risk Assessment: Is a tool used to address severity of health risks across multiple domains (physical health, sexual health, emotional health, nutrition, education, substance use, etc.)

Examples include but are not limited to:

- RAAPS (Rapid Assessment for Adolescent Preventive Services)
- Adolescent and Young Adult Health Questionnaire (Minnesota Department of Health)

Quality Measure Reporting Element:

Number of Unduplicated Clients Ages 10-21 Years with an Up-to-Date Depression Screen

Report the number of unduplicated clients up-to-date with depression screening. This information could come directly from a behavioral health screener or risk assessment, so the number screened (flagged) for depression may equal or be very close to the number of behavioral health screeners and/or risk assessments completed. (Note this is not the same as a depression assessment conducted by a provider.) Do not double count clients who were screened (flagged) for depression using behavioral health screen or risk assessment and who also completed a specific depression screening tool (e.g., Beck's, PHQ-9, etc).

In short, this means that all users ages 10 and older should have an initial depression screen, regardless of a subsequent diagnosis of depression and/or continued treatment. The threshold for this measure is 90%.

Initial Depression Screen: Is either a stand-alone depression screening tool or a question/set of questions included on a more comprehensive tool (such as a risk assessment) that “flags” for depression by asking depression-related questions.

Depression Screening Tools: A depression screening, also called a depression test, helps determine if a client has depression. Examples include:

- BDI-FS (Becks Depression Inventory- Fast Screen) - ages 13 years and up
- PHQ-A Depression Screen - ages 12-18 years
- SMFQ (Short Mood and Feelings Questionnaire) – ages 8 to 16 years
- CES-D (Center for Epidemiological Studies Depression Scale) modified for children and adolescents - ages 6-17 years
- CDI (Child Depression inventory) – ages 7 to 17 years
- KADS (Kutcher Adolescent Depression Scale) – ages 12 to 22 years

Note: The RAAPS includes questions that flag for depression. **If you administer the RAAPS to a client, the client then is considered to have completed a risk assessment AND to have been screened for depression.** Other risk assessments may also include specific depression screening assessments and could be used to satisfy this requirement.

When compiling data for reports, take care not to double-count clients who were screened (flagged) for depression using a behavioral health screen or a risk assessment, and who also completed a specific depression screening tool (e.g., Beck’s, PHQ-9, etc).

In addition to the Quality Measure Screens and Assessments, you should be operating out of the Standards of Care and best clinical practice. Standards of Care and best practices will/can include additional assessments and screeners. We define assessments as a process for defining the nature of the problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnoses. Examples that are **not** counted toward the Quality Measures:

- Biopsychosocial Assessment (intake)
- Mental Health Examination
- Suicide/Homicidal Risk Assessment
- Trauma Screening/Assessment
- GAD (General Anxiety Disorder) Screener

QUALITY INDICATORS	RISK ASSESSMENT	DEPRESSION SCREEN	BEHAVIORAL HEALTH SCREEN	PSYCHOSOCIAL ASSESSMENT
Ages 5-21 with a behavioral health screen *UTD=previous 12 months			Report the number of clients who completed a universal behavioral health screen	
Clients with an up-to-date risk assessment *UTD = previous 12 months	Report the number of clients who completed and are now UTD with a risk assessment			
Ages 10 - 21 with an up-to-date depression screen *UTD = previous 12 months	Yes, report the number of clients UTD w/ depression screen <i>if specific depression questions are included</i>	Yes	Yes, report the number of clients UTD w/ depression screen <i>if specific depression questions are included</i>	
All users				Yes